

2013 Montana Legislature

HB 479: Revise requirements related to release of patient immunization information

Primary Sponsor: Christy Clark

The purpose of this bill is to improve the accuracy of the state's immunization information system (called imMTrax), by changing from opt-in to opt-out consent, which will streamline reporting directly from physician to state, and improve the immunization reminder system for patients.

- How many of you get text or email reminders about vaccinations from your pet's veterinarian?
- Why can't we do that for measles vaccinations? Or flu shots? We need a more accurate immunization information system (IIS) and the ability to share complete information with patients in a modern reminder system that works for our increasingly mobile society.
- **Montana is 50th in the nation for our rate of childhood immunizations.** The problem appears to be with reporting issues and the lack of a good reminder system for busy parents.
- There could be significant cost savings to move from opt-in release of immunizations to the state's IIS to an opt-out consent system, which means immunizations would automatically be reported to the state. Patients or parents would always have the opt-out option.
- Currently, input of immunization data is a separate reporting system from electronic medical records (EMR). Reporting adds time and complexity to a nurse's already busy schedule. In some areas, paper reports are sent to local public health departments for data entry.
- Reporting can be especially difficult for primary care providers in rural areas of Montana. One physician or nurse practitioner may be the only health care provider for an entire county.
- Montana's state immunization database helps track immunizations for patients who move from other communities, or don't go to the same physician every year for all immunizations.
- If there isn't one complete immunizations record for a child, it becomes difficult to enroll a child in a new school. Complete immunization records are required from preschool to college.
- Recent Texas study results comparing opt-out vs. opt-in consent showed **significant cost savings**: Total costs per child and costs per year were estimated using a time-and-motion study in which the time associated with discussing the IIS and obtaining IIS consent was measured. The average per child cost associated with IIS consent completed at birth is \$2.00, whereas, the per child cost for consent completed in provider offices is \$2.64. The annual costs of operating an alternative, opt-out system were estimated at only \$0.29 per child.
- This cost analysis demonstrated that the proposed opt-out costs were substantially less than the actual opt-in model currently utilized. Changing to an opt-out system could redirect limited health care funding to more critical areas such as vaccine purchasing, administration, reminders.
- Collecting consent is an unnecessary barrier for physicians and nurses, making the electronic medical record updating challenging and less reliable.
- It is difficult for EMR systems to verify consent when searching for electronic data.
- Very few parents choose not to opt-in for vaccinations.
- Rarely, if ever, are there privacy complaints related to immunization records.